

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

ADDRESS (number and street) ▼

PO BOX 295

☐ Check if different than previously reported. (ACC)

CHRISTIANSTED

VI

00821

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00553560

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
06	/	01	/	2015

To:

M M	/	D D	/	Y Y Y Y Y
06	/	30	/	2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2015</td></tr></table>	Y	Y	Y	Y	Y	2015						<table><tr><td colspan="5">45482.65</td></tr></table>	45482.65				
Y	Y	Y	Y	Y													
2015																	
45482.65																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">18079.91</td></tr></table>	18079.91															
18079.91																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">86997.46</td></tr></table>	86997.46					<table><tr><td colspan="5">548314.13</td></tr></table>	548314.13									
86997.46																	
548314.13																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">105077.37</td></tr></table>	105077.37					<table><tr><td colspan="5">593796.78</td></tr></table>	593796.78									
105077.37																	
593796.78																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">96117.86</td></tr></table>	96117.86					<table><tr><td colspan="5">584837.27</td></tr></table>	584837.27									
96117.86																	
584837.27																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">8959.51</td></tr></table>	8959.51					<table><tr><td colspan="5">8959.51</td></tr></table>	8959.51									
8959.51																	
8959.51																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">234319.60</td></tr></table>	234319.60															
234319.60																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	29610.00	120741.00
(ii) Unitemized .....	57360.46	424939.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	86970.46	545680.13
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	190.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	86970.46	545870.13
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	27.00	2444.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	86997.46	548314.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	86997.46	548314.13

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	96117.86	556303.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	96117.86	556303.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	28533.42
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	96117.86	584837.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96117.86	584837.27

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	86970.46	545870.13
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	86970.46	545870.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	96117.86	556303.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	27.00	2444.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	96090.86	553859.85

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS ARLINE L AKINA 967**

Mailing Address 99-025 LOHEA PL

City State Zip Code  
AIEA HI 96701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.70066

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS ARLINE L AKINA 967**

Mailing Address 99-025 LOHEA PL

City State Zip Code  
AIEA HI 96701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2015

Transaction ID : SA11AI.70064

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MRS ARLINE L AKINA 967**

Mailing Address 99-025 LOHEA PL

City State Zip Code  
AIEA HI 96701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11AI.70063

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

425.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 101  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS ARLINE L AKINA 967**

Mailing Address 99-025 LOHEA PL

City	State	Zip Code
AIEA	HI	96701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.70065

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS LAVONNE AMARAL 959**

Mailing Address PO BOX 67

City	State	Zip Code
NEVADA CITY	CA	95959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.70075

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MRS GLADYS AMBROSINI 893**

Mailing Address PO BOX 1063

City	State	Zip Code
EUREKA	NV	89316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.70076

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

285.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR DAVID E BAINES 341**

Mailing Address 1036 GRAND ISLE DR

City  
NAPLES

State Zip Code  
FL 34108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2015

Transaction ID : SA11AI.70110

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS DOROTHY W BAINES 372**

Mailing Address 4137 W HAMILTON CT

City  
NASHVILLE

State Zip Code  
TN 37218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.70111

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR KEVIN BAINES 911**

Mailing Address 457 S MARENGO AVE UNIT 21

City  
PASADENA

State Zip Code  
CA 91101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JPL/CALTECH

Occupation

RESEARCH SCIENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.70112

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR CECIL BARNETT 402**

Mailing Address 126 INDIAN HILLS TRL

City  
LOUISVILLEState  
KYZip Code  
40207FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALGOOD FOOD COOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.70126

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR NORMAN J BEAT 402**

Mailing Address 9003 PETERBOROUGH CT

City  
LOUISVILLEState  
KYZip Code  
40222FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	02	/	2015

Transaction ID : SA11AI.70157

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MRS SALLY BOYER 100**

Mailing Address 5 E 22ND ST APT 20C

City  
NEW YORKState  
NYZip Code  
10010FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.70242

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

650.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ALBERT BROWN 214**

Mailing Address 7101 BAY FRONT DR APT 602

City State Zip Code  
 ANNAPOLIS MD 21403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

06 / 08 / 2015

Transaction ID : SA11AI.70273

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. W P BUCKTHAL 791**

Mailing Address 900 S LINCOLN ST

City State Zip Code  
 AMARILLO TX 79101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PETROLEUM GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.70297

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. W P BUCKTHAL 791**

Mailing Address 900 S LINCOLN ST

City State Zip Code  
 AMARILLO TX 79101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PETROLEUM GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11AI.70298

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

720.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 101  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR JAMES P BURNS 853**

Mailing Address 22604 N DUSTY TRAIL BLVD

City	State	Zip Code
SUN CITY WEST	AZ	85375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : SA11AI.70320

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR WILLIAM F BURT 017**

Mailing Address 1 HARVEST CIR STE 003

City	State	Zip Code
LINCOLN	MA	01773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

THOMSEN REUTERS

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.70322

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. JAY CARTER 763**

Mailing Address 1404 CHAPARRAL RD

City	State	Zip Code
BURKBURNETT	TX	76354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

CARTER AVIATION TECHNOLOGIS

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.70367

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. JAY CARTER 763**

Mailing Address 1404 CHAPARRAL RD

City

BURKBURNETT

State

TX

Zip Code

76354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARTER AVIATION TECHNOLOGIS

Occupation

CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

Transaction ID : SA11AI.70368

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN CERVIN 210 JR**

Mailing Address 815A HILLTOP AVE EXT

City

ABINGDON

State

MD

Zip Code

21009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : SA11AI.70377

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS CAROL CHAUSSEE 980**

Mailing Address 7524 118TH AVE NE

City

KIRKLAND

State

WA

Zip Code

98033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : SA11AI.70380

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

300.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

## **A. KIRK CLARK 785**

Mailing Address PO BOX 938

City  
MCALLEN

State Zip Code  
TX 78505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ARTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.70391

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. MR CHARLES CLINTON 152 JR**

Mailing Address 5103 MORNINGRISE DR

City  
PITTSBURGH

State Zip Code  
PA 15236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2015

Transaction ID : SA11AI.70398

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MRS ELEANOR COBB 900**

Mailing Address 131 S VISTA ST

City  
LOS ANGELES

State Zip Code  
CA 90036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

06 / 16 / 2015

Transaction ID : SA11AI.70401

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS ELEANOR COBB 900**

Mailing Address 131 S VISTA ST

City

LOS ANGELES

State

CA

Zip Code

90036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	2		2	0	1	5		

Transaction ID : SA11AI.70402

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN COLBY 681**

Mailing Address 1144 S 98TH ST

City

OMAHA

State

NE

Zip Code

68124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	9		2	0	1	5		

Transaction ID : SA11AI.70407

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

**C. MR NICHOLAS CONCA 284**

Mailing Address 6 DEERWOOD CIR

City

OAK ISLAND

State

NC

Zip Code

28465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	5		2	0	1	5		

Transaction ID : SA11AI.70415

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

453.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 101  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR A COOK 931 III**

Mailing Address 1816 SANTA BARBARA ST

City	State	Zip Code
SANTA BARBARA	CA	93101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.70425

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR WALLACE W CORNELL 136**

Mailing Address PO BOX 639

City	State	Zip Code
MASSENA	NY	13662

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.70436

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

**C. MRS BETTY R CRAWFORD 527**

Mailing Address 601 ASPEN TRL

City	State	Zip Code
MUSCATINE	IA	52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : SA11AI.70449

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

180.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. SUZANNE CROWELL 911**

Mailing Address 1256 OAK GROVE AVE

City State Zip Code  
 SAN MARINO CA 91108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.70458

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MS JANE ANN CURTO 605**

Mailing Address 203 BURR RIDGE CLUB DR

City State Zip Code  
 BURR RIDGE IL 60527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2015

Transaction ID : SA11AI.70470

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. MRS FRANCES B DAVIS 713**

Mailing Address 4700 WILTON PL

City State Zip Code  
 ALEXANDRIA LA 71303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

06 / 25 / 2015

Transaction ID : SA11AI.70506

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

475.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR PAUL DECLEVA 752**

Mailing Address 500 N AKARD ST

City

DALLAS

State

TX

Zip Code

75201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DP CONSULTANTS

Occupation

CONSULTANT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.70511

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR GONZALO DIAZ 331**

Mailing Address 5520 SW 72ND AVE

City

MIAMI

State

FL

Zip Code

33155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.70535

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. LTC GEORGE DOSTAL 871**

Mailing Address 7012 LANTERN RD NE

City

ALBUQUERQUE

State

NM

Zip Code

87109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US MILITARY

Occupation

OFFICER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	08	/	2015

Transaction ID : SA11AI.70558

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS VIRGINIA M DOUGHERTY 379**

Mailing Address PO BOX 5816

City

KNOXVILLE

State

TN

Zip Code

37928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2015

Transaction ID : SA11AI.70561

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MRS MARTHA L DOWNS 956**

Mailing Address 8560 JESTER CT

City

ELK GROVE

State

CA

Zip Code

95624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 25 / 2015

Transaction ID : SA11AI.70566

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. LEONA DROPPA 344**

Mailing Address 6921 SW 108TH ST

City

OCALA

State

FL

Zip Code

34476

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

06 / 09 / 2015

Transaction ID : SA11AI.70574

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

560.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD V DUKART 586**

Mailing Address 29 117TH AVE SW

City

KILLDEER

State

ND

Zip Code

58640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 16 / 2015

Transaction ID : SA11AI.70581

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR H R DUNLAP 230 JR**

Mailing Address 989 SHOOTING BOX RD

City

KING WILLIAM

State

VA

Zip Code

23086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 08 / 2015

Transaction ID : SA11AI.70582

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS JOAN W DUPONT 068**

Mailing Address 303 HULLS FARM RD

City

SOUTHPORT

State

CT

Zip Code

06890

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.70584

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 101  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR JOHN D EHRISMANN 922**

Mailing Address 7667 ACOMA TRL

City	State	Zip Code
YUCCA VALLEY	CA	92284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2015

Transaction ID : SA11AI.70599

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MR P F FANNING 193**

Mailing Address PO BOX 607

City	State	Zip Code
UNIONVILLE	PA	19375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

BREEDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.70640

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR MIKE FERRIS 815**

Mailing Address 2264 HIGHWAY 6 AND 50

City	State	Zip Code
GRAND JUNCTION	CO	81505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WESTERN SLOPE AUTO

Occupation

OWNER &amp; GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.70654

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

620.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 21 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR DALE FORTIK 836**

Mailing Address 3009 RAY AVE

City

CALDWELL

State

ID

Zip Code

83605

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : SA11AI.70683

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MRS VERA E FRIEND 852**

Mailing Address 542 S HIGLEY RD UNIT 10

City

MESA

State

AZ

Zip Code

85206

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.70714

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MR VICTOR FROELKER 630 JR**

Mailing Address 4496 BIG CREEK RD

City

GERALD

State

MO

Zip Code

63037

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.70718

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

370.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR RUPERT D GAMBLE 881**

Mailing Address 1600 W CHERRY ST

City  
PORTALES

State Zip Code  
NM 88130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015

**Transaction ID : SA11Al.70733**

Amount of Each Receipt this Period

113.00

Full Name (Last, First, Middle Initial)

**B. MRS BETTY GARDNER 648**

Mailing Address 1572 GOODIN HOLLOW RD

City  
NOEL

State Zip Code  
MO 64854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

488.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

**Transaction ID : SA11Al.70746**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR HAROLD GARLING 238**

Mailing Address PO BOX 182

City  
SURRY

State Zip Code  
VA 23883

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015

**Transaction ID : SA11Al.70749**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

313.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR STANLEY L GENDLER 900**

Mailing Address 1100 ALTA LOMA RD APT 1503

City State Zip Code  
 LOS ANGELES CA 90069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

06 / 09 / 2015

Transaction ID : SA11Al.70760

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MR BENJAMIN K GIBBS 276**

Mailing Address 8 SPRINGMOOR DR

City State Zip Code  
 RALEIGH NC 27615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

06 / 10 / 2015

Transaction ID : SA11Al.70775

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR PAUL GOODMAN 110**

Mailing Address 99 S SERVICE RD APT 402

City State Zip Code  
 NEW HYDE PARK NY 11040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

06 / 24 / 2015

Transaction ID : SA11Al.70805

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR RUSS GRAY 890**

Mailing Address 2220 VILLAGE WALK DR #3324

City	State	Zip Code
HENDERSON	NV	89052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.70822

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR RUSS GRAY 890**

Mailing Address 2220 VILLAGE WALK DR #3324

City	State	Zip Code
HENDERSON	NV	89052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : SA11AI.70823

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR WILLIAM M GREEN 018**

Mailing Address 704 W LOWELL AVE

City	State	Zip Code
HAVERHILL	MA	01832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.70825

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR TED W GREGORY 740**

Mailing Address 325 RACHEL LN

City

BARTLESVILLE

State

OK

Zip Code

74006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 23 / 2015

Transaction ID : SA11AI.70830

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD S GRIFFITH 705**

Mailing Address PO BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 29 / 2015

Transaction ID : SA11AI.70836

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR ALFRED B GUINN 763**

Mailing Address 1111 7TH ST

City

WICHITA FALLS

State

TX

Zip Code

76301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WALSH & WATTS INC

Occupation

OIL & GAS PRODUCTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 11 / 2015

Transaction ID : SA11AI.70854

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

650.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR AUSTIN E GUIRLINGER 327**

Mailing Address 9 AUTUMNWOOD TRL

 City  
 DELAND

 State  
 FL

 Zip Code  
 32724

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

C M C

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.70856

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS MARJORIE HAILEY 668**

Mailing Address 720 S NEOSHO ST

City

COUNCIL GROVE

State

KS

Zip Code

66846

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.70874

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MRS MARJORIE HAILEY 668**

Mailing Address 720 S NEOSHO ST

City

COUNCIL GROVE

State

KS

Zip Code

66846

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.70875

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS EVELYN HAILEY 750**

Mailing Address 731 BANKERS COTTAGE LN

City  
COPPELL

State Zip Code  
TX 75019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.70876

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT H HAMBURG 365**

Mailing Address PO BOX 844

City  
FOLEY

State Zip Code  
AL 36536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.70885

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS DOROTHY HANFORD 837**

Mailing Address 1111 E BANNOCK ST

City  
BOISE

State Zip Code  
ID 83712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11AI.70893

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT HATCH 641**

Mailing Address 601 W 55TH ST

 City  
 KANSAS CITY

 State  
 MO

 Zip Code  
 64113

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.70933

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR HENRY HAWKINS 778**

Mailing Address 3013 GLENEAGLES CT

 City  
 BRYAN

 State  
 TX

 Zip Code  
 77802

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 NONE

 Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : SA11AI.70939

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MR MARILYN M HAYS 706**

Mailing Address 910 BAYOU OAK LN

 City  
 LAKE CHARLES

 State  
 LA

 Zip Code  
 70605

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

 Occupation  
 PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.70943

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

655.00

**TOTAL** This Period (last page this line number only)..... ►

✗	11a		11b		11c		12		
	13		14		15		16		17

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR BILL HOLDEN 956**

Mailing Address 4467 PLANTATION DR

City	State	Zip Code
FAIR OAKS	CA	95628

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

1675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

**Transaction ID : SA11AI.70996**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR JAMES L HOLLAND 977**

Mailing Address 63139 BROOKSTONE LN

City	State	Zip Code
BEND	OR	97701

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

**Transaction ID : SA11AI.70999**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR JAMES L HOLLAND 977**

Mailing Address 63139 BROOKSTONE LN

City	State	Zip Code
BEND	OR	97701

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

**Transaction ID : SA11AI.71000**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

**A. MRS PATRICIA HOTZ 926**

Mailing Address 385 PRINCETON DR

City	State	Zip Code
COSTA MESA	CA	92626

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.71017

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MRS PATRICIA HOTZ 926**

Mailing Address 385 PRINCETON DR

City	State	Zip Code
COSTA MESA	CA	92626

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : SA11AI.71018

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MRS ETHEL HUSER 667**

Mailing Address 1704 DECATUR RD

City	State	Zip Code
FREDONIA	KS	66736

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

HOUSEWIFE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : SA11AI.71055

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR PAUL E JACKSON 324**

Mailing Address 917 MARINA DR

City

PANAMA CITY BEACH

State

FL

Zip Code

32407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.71072

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR BRUCE C JACOBSON 483**

Mailing Address 1019 WALLOON CT

City

LAKE ORION

State

MI

Zip Code

48360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.71081

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MELVIN W JOHNSON 940**

Mailing Address 337 HAZEL AVE

City

SAN BRUNO

State

CA

Zip Code

94066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.71130

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

160.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MISS BEATRICE JONAS 926**

Mailing Address 3049 VIA SERENA S UNIT A

City State Zip Code  
LAGUNA WOODS CA 92637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11AI.71138

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS MARIE-LUISE KALSI 770**

Mailing Address 13307 CAROUSEL CT

City State Zip Code  
HOUSTON TX 77041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11AI.71158

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MRS CARROLL K KING 085**

Mailing Address 2432 WINDROW DR

City State Zip Code  
PRINCETON NJ 08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 17 / 2015

Transaction ID : SA11AI.71193

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR THOMAS KINNEY 921**

Mailing Address 12454 DORMOUSE RD

City

SAN DIEGO

State

CA

Zip Code

92129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SAN DIEGO POLICE DEPT

Occupation

POLYGRAPH EXAMINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2015

Transaction ID : SA11AI.71196

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MR CRAIG KLEINBECK 333**

Mailing Address 3101 NW 47TH TER APT 125

City

LAUDERDALE LAKES

State

FL

Zip Code

33319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SLINKY THE CLOWN

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		01		2015

Transaction ID : SA11AI.71206

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR CRAIG KLEINBECK 333**

Mailing Address 3101 NW 47TH TER APT 125

City

LAUDERDALE LAKES

State

FL

Zip Code

33319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SLINKY THE CLOWN

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2015

Transaction ID : SA11AI.71207

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR CRAIG KLEINBECK 333**

Mailing Address 3101 NW 47TH TER APT 125

City State Zip Code  
LAUDERDALE LAKES FL 33319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SLINKY THE CLOWN

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11AI.71205

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MRS MAXINE KNERR 923**

Mailing Address 11905 KINGSTON ST

City State Zip Code  
GRAND TERRACE CA 92313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.71211

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

**C. MR GEORGE KOLOVOS 900**

Mailing Address 12920 SAN VICENTE BLVD

City State Zip Code  
LOS ANGELES CA 90025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.71229

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

178.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. LTC HERBERT T KRUSE 432**

Mailing Address 89 S DAWSON AVE

City

COLUMBUS

State

OH

Zip Code

43209

FEC ID number of contributing  
federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2015

Transaction ID : SA11AI.71265

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. LTC HERBERT T KRUSE 432**

Mailing Address 89 S DAWSON AVE

City

COLUMBUS

State

OH

Zip Code

43209

FEC ID number of contributing  
federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2015

Transaction ID : SA11AI.71266

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. LTC HERBERT T KRUSE 432**

Mailing Address 89 S DAWSON AVE

City

COLUMBUS

State

OH

Zip Code

43209

FEC ID number of contributing  
federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2015

Transaction ID : SA11AI.71267

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS JANE OSLER KYLE 130**

Mailing Address 215 SUMMERHAVEN DR S

City	State	Zip Code
EAST SYRACUSE	NY	13057

FEC ID number of contributing federal political committee.

Name of Employer

JANE OSLER KYLE CHARITABLE TRUST

Occupation

TRUSTEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.71275

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. CHARLES ERNEST LANCE 786**

Mailing Address 103 CEDAR BRANCH DR

City	State	Zip Code
GEORGETOWN	TX	78628

FEC ID number of contributing federal political committee.

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.71286

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. MR ATLAS T LANGFORD 383**

Mailing Address 315 CHICKASAW DR

City	State	Zip Code
HUNTINGDON	TN	38344

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : SA11AI.71289

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT LEAHY 284**

Mailing Address 622 JASMINE LN SW

City State Zip Code  
SUNSET BEACH NC 28468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11AI.71312

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR JAMES LIKOWSKI 986**

Mailing Address 2818 LILAC ST

City State Zip Code  
LONGVIEW WA 98632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.71344

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS MARJORIE R LINDSEY 933**

Mailing Address 10202 DUTCH IRIS DR

City State Zip Code  
BAKERSFIELD CA 93311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.71354

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

PAGE 39 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS MARJORIE R LINDSEY 933**

Mailing Address 10202 DUTCH IRIS DR

City	State	Zip Code
BAKERSFIELD	CA	93311

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

Transaction ID : SA11AI.71353

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. MR DONALD L LJUNGREN 553**

Mailing Address 945 CENTURY AVE SW #214

City	State	Zip Code
HUTCHINSON	MN	55350

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : SA11AI.71359

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. DR WALTER LUNG 968 DDS**

Mailing Address 4244 HUANUI ST

City	State	Zip Code
HONOLULU	HI	96816

FEC ID number of contributing federal political committee.

Name of Employer

RETIRED

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.71391

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS RUTH MARK 465**

Mailing Address 1811 WOODGATE DR

City  
GOSHENState  
INZip Code  
46526FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

Transaction ID : SA11AI.71424

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD MARX 125**

Mailing Address PO BOX 440

City

WAPPINGERS FALLS

State

NY

Zip Code

12590

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.71446

Amount of Each Receipt this Period

228.00

Full Name (Last, First, Middle Initial)

**C. MS KATHLEEN L MCCARTHY 900**

Mailing Address 10449 BAINBRIDGE AVE

City

LOS ANGELES

State

CA

Zip Code

90024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF SOUTHERN CALIFORNIA

Occupation

VICE CHAIRMAN &amp; TRUSTEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.71473

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1253.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR DOUGLAS MCKISSACK 314**

Mailing Address 7 BITTERROOT LN

City  
SAVANNAH

State Zip Code  
GA 31419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GULFSTREAM AEROSPACE CORP

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

Transaction ID : SA11AI.71493

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR WILLIAM G MCLAUGHLIN 336**

Mailing Address 1510 E PALM AVE APT A314

City  
TAMPA

State Zip Code  
FL 33605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015

Transaction ID : SA11AI.71495

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR WILLIAM G MCLAUGHLIN 336**

Mailing Address 1510 E PALM AVE APT A314

City  
TAMPA

State Zip Code  
FL 33605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015

Transaction ID : SA11AI.71496

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR WILLIAM G MCLAUGHLIN 336**

Mailing Address 1510 E PALM AVE APT A314

City State Zip Code  
TAMPA FL 33605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.00

Date of Receipt

06 / 09 / 2015

Transaction ID : SA11AI.71497

Amount of Each Receipt this Period

51.00

Full Name (Last, First, Middle Initial)

**B. BURTON MCPHEETERS 691**

Mailing Address 23998 S MCPHEETERS RD

City State Zip Code  
GOTHENBURG NE 69138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 02 / 2015

Transaction ID : SA11AI.71515

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. BURTON MCPHEETERS 691**

Mailing Address 23998 S MCPHEETERS RD

City State Zip Code  
GOTHENBURG NE 69138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 08 / 2015

Transaction ID : SA11AI.71514

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

201.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. BURTON MCPHEETERS 691**

Mailing Address 23998 S MCPHEETERS RD

City

GOTHENBURG

State

NE

Zip Code

69138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11AI.71513

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS MARY MC VAY 554**

Mailing Address 2950 DEAN PKWY APT 2403

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 15 / 2015

Transaction ID : SA11AI.71471

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MR MARINO MEACCI 937**

Mailing Address 6627 W SHIELDS AVE

City

FRESNO

State

CA

Zip Code

93723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

335.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.71517

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 101  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD A MIKULS 681**

Mailing Address 13605 SHIRLEY ST

City State Zip Code  
 OMAHA NE 68144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

Transaction ID : SA11AI.71539

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR JACK R MILLER 298**

Mailing Address 1 TURNBERRY CT N

City State Zip Code  
 AIKEN SC 29803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

Transaction ID : SA11AI.71545

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR LANCE MILLS 961**

Mailing Address PO BOX 303

City State Zip Code  
 CARNELIAN BAY CA 96140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015

Transaction ID : SA11AI.71555

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

220.00

**TOTAL** This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

FEC Schedule A (Form 3X) Rev. 02/2003

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR CLAIR J MURPHY 551**

Mailing Address 1626 RUTH ST N

City  
SAINT PAULState Zip Code  
MN 55119FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.71624

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR CLAIR J MURPHY 551**

Mailing Address 1626 RUTH ST N

City  
SAINT PAULState Zip Code  
MN 55119FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.71625

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR FREDERICK MUZI 020**

Mailing Address 10 POWISSET ST

City  
DOVERState Zip Code  
MA 02030FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.71627

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

285.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS MILDRED NELSON 510**

Mailing Address 771 HILL RD

City

LINN GROVE

State

IA

Zip Code

51033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

**Transaction ID : SA11AI.71645**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MRS SANDRA NUNES 531**

Mailing Address N6279 PARADISE DR

City

BURLINGTON

State

WI

Zip Code

53105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	9	2	0	1	5		

**Transaction ID : SA11AI.71686**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS KAY O'ROUKE 335**

Mailing Address 15737 PATTERSON RD

City

ODESSA

State

FL

Zip Code

33556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRADITION RANCH INC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

**Transaction ID : SA11AI.71714**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

235.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR JOHN OGREN 920**

Mailing Address 1021 COSTA PACIFICA WAY UNIT 2214

City State Zip Code  
 OCEANSIDE CA 92054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY  
 06 / 01 / 2015

Transaction ID : SA11Al.71696

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR FOXHALL PARKER 105**

Mailing Address 205 HONEY HOLLOW RD

City State Zip Code  
 POUND RIDGE NY 10576

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
 06 / 04 / 2015

Transaction ID : SA11Al.71738

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR FOXHALL PARKER 105**

Mailing Address 205 HONEY HOLLOW RD

City State Zip Code  
 POUND RIDGE NY 10576

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
 06 / 17 / 2015

Transaction ID : SA11Al.71739

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR CHESTER D PARKER 447 JR**

Mailing Address 2380 ORCHID ST NW

City	State	Zip Code
NORTH CANTON	OH	44720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.71742

Amount of Each Receipt this Period

68.00

Full Name (Last, First, Middle Initial)

**B. MS RUTH PARTRIDGE 054**

Mailing Address 3201 WAKE ROBIN DR

City	State	Zip Code
SHELBURNE	VT	05482

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.71744

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR CHARLES PAULSEN 958**

Mailing Address 1220 FAY CIR

City	State	Zip Code
SACRAMENTO	CA	95831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.71755

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

128.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR RONALD L PAYNE 282**

Mailing Address 2146 SHARON LN

City  
CHARLOTTEState Zip Code  
NC 28211FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2015

**Transaction ID : SA11Al.71756**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR PAUL PEELER 784 CPA**

Mailing Address 11649 LEOPARD ST STE 3

City  
CRP CHRISTIState Zip Code  
TX 78410FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2015

**Transaction ID : SA11Al.71763**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MRS ELIZABETH PERMENTER 335**

Mailing Address 1404 POINT CT

City  
LUTZState Zip Code  
FL 33549FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

**Transaction ID : SA11Al.71772**

Amount of Each Receipt this Period

76.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

376.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR THOMAS M PITTENGER 177**

Mailing Address 170 PINECREST DR LOT 8

City

WILLIAMSPORT

State

PA

Zip Code

17701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.71806

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD PLACEK 010**

Mailing Address 110 WHITAKER RD

City

WESTFIELD

State

MA

Zip Code

01085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.71807

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR RUSSELL POFF 971**

Mailing Address 3802 HAYES ST UNIT 209

City

NEWBERG

State

OR

Zip Code

97132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.71815

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

400.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 101  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS PHYLLIS POHL 105**

Mailing Address 720 MILTON ROAD APT NORTH F1

City	State	Zip Code
RYE	NY	10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : SA11Al.71816

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MRS KAY POITRAS 338**

Mailing Address 949 HAMILTON CIR

City	State	Zip Code
HAINES CITY	FL	33844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11Al.71819

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN T PRATT 349**

Mailing Address 1479 SW SHORELINE DR

City	State	Zip Code
PALM CITY	FL	34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11Al.71844

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 53 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

**A. MR JOHN T PRATT 349**

Mailing Address 1479 SW SHORELINE DR

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.71843

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MRS LUCILE PRIOR 980**

Mailing Address 50461 17TH AVESE

City

BELLEVUE

State

WA

Zip Code

98006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	02	/	2015

Transaction ID : SA11AI.71856

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR RICHARD PUCKETT 617**

Mailing Address 1910 LONGWOOD LN

City

BLOOMINGTON

State

IL

Zip Code

61704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.71859

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD PUCKETT 617**

Mailing Address 1910 LONGWOOD LN

City

BLOOMINGTON

State

IL

Zip Code

61704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	5

**Transaction ID : SA11AI.71858**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS CLIFFORD RANDALL 240**

Mailing Address 1302 CRESTVIEW DR

City

BLACKSBURG

State

VA

Zip Code

24060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VT DEPT OF CIVIL ENGINEERING

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

**Transaction ID : SA11AI.71880**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. GLENN REINDERS 530**

Mailing Address 3479 SHERMAN RD

City

JACKSON

State

WI

Zip Code

53037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	5

**Transaction ID : SA11AI.71903**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 101  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. GLENN REINDERS 530**

Mailing Address 3479 SHERMAN RD

City  
JACKSON

State Zip Code  
WI 53037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2015

Transaction ID : SA11AI.71902

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR SAMUEL G RICE 939**

Mailing Address 515 S 2ND ST

City  
KING CITY

State Zip Code  
CA 93930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2015

Transaction ID : SA11AI.71911

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR SAMUEL G RICE 939**

Mailing Address 515 S 2ND ST

City  
KING CITY

State Zip Code  
CA 93930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2015

Transaction ID : SA11AI.71912

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. CHARLES RIGGS 410**

Mailing Address 15 THOMAS POINTE DR

City

FORT THOMAS

State

KY

Zip Code

41075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 25 / 2015

Transaction ID : SA11AI.71929

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR PHILIP E RITCH 967**

Mailing Address 146 KALUAMOO ST

City

KAILUA

State

HI

Zip Code

96734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

328.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.71940

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MR PHILIP E RITCH 967**

Mailing Address 146 KALUAMOO ST

City

KAILUA

State

HI

Zip Code

96734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

343.00

Date of Receipt

06 / 09 / 2015

Transaction ID : SA11AI.71941

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR PHILIP E RITCH 967**

Mailing Address 146 KALUAMOO ST

City State Zip Code  
 KAILUA HI 96734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11AI.71942

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

**B. MS THERESA A ROBINSON 321**

Mailing Address 700 FOREST GLEN DR APT 4

City State Zip Code  
 PALATKA FL 32177

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BCI

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 09 / 2015

Transaction ID : SA11AI.71957

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. MR PAUL O RUST 626**

Mailing Address 9 OGDEN RD

City State Zip Code  
 JACKSONVILLE IL 62650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 11 / 2015

Transaction ID : SA11AI.72011

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

188.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR PAUL O RUST 626**

Mailing Address 9 OGDEN RD

City  
JACKSONVILLE

State Zip Code  
IL 62650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 16 / 2015

Transaction ID : SA11AI.72012

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN W SAMPSON 339**

Mailing Address 9614 PARKWOOD CT

City  
FORT MYERS

State Zip Code  
FL 33908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.72020

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN W SAMPSON 339**

Mailing Address 9614 PARKWOOD CT

City  
FORT MYERS

State Zip Code  
FL 33908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.72021

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1515.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ARTHUR H SAXON 342**

Mailing Address 7043 STANHOPE PL

City

UNIVERSITY PARK

State

FL

Zip Code

34201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11AI.72031

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR CHAD J SCHAEFER 719**

Mailing Address 3 MESERO PL

City

HOT SPRINGS VILLAG

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

06 / 25 / 2015

Transaction ID : SA11AI.72036

Amount of Each Receipt this Period

77.00

Full Name (Last, First, Middle Initial)

**C. ARCHER RAYMOND SEAMAN 513**

Mailing Address 3770 WARBLER AVE

City

HARTLEY

State

IA

Zip Code

51346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.72074

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

222.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 101  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR AL SHANE 917**

Mailing Address 2175 FOOTHILL BLVD STE B

City	State	Zip Code
LA VERNE	CA	91750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FINANCIAL LEARNING CENTEROccupation  
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.72099

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MR BILLY J SHELLENBERGER 675**

Mailing Address 215 S BELL AVE APT 402

City	State	Zip Code
LYONS	KS	67554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.72104

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. COL NICHOLAS SHEPPARD 105**

Mailing Address 9 CHATHAM RD

City	State	Zip Code
CHAPPAQUA	NY	10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2015

Transaction ID : SA11AI.72107

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

385.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 101  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR PETER R SHERMAN 140**

Mailing Address 4999 CREEK ROAD EXT

City	State	Zip Code
LEWISTON	NY	14092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2015

Transaction ID : SA11Al.72108

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR MICHAEL J SHIELDS 467**

Mailing Address 10185 E 500 S

City	State	Zip Code
WOLCOTTVILLE	IN	46795

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11Al.72111

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR JACKIE SIKES 329**

Mailing Address 420 S BANANA RIVER BLVD

City	State	Zip Code
COCOA BEACH	FL	32931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11Al.72125

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

240.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR JACKIE SIKES 329**

Mailing Address 420 S BANANA RIVER BLVD

City State Zip Code  
COCOA BEACH FL 32931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.72129

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR JACKIE SIKES 329**

Mailing Address 420 S BANANA RIVER BLVD

City State Zip Code  
COCOA BEACH FL 32931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 04 / 2015

Transaction ID : SA11AI.72126

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MR JACKIE SIKES 329**

Mailing Address 420 S BANANA RIVER BLVD

City State Zip Code  
COCOA BEACH FL 32931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

06 / 09 / 2015

Transaction ID : SA11AI.72128

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR JACKIE SIKES 329**

Mailing Address 420 S BANANA RIVER BLVD

City State Zip Code  
 COCOA BEACH FL 32931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11AI.72127

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MS HELEN SIMPSON 482**

Mailing Address 648 CADIEUX RD

City State Zip Code  
 GROSSE POINTE MI 48230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 16 / 2015

Transaction ID : SA11AI.72133

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MISS JOAN SINEX 950**

Mailing Address 3400 PAUL SWEET RD UNIT C

City State Zip Code  
 SANTA CRUZ CA 95065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 02 / 2015

Transaction ID : SA11AI.72138

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MISS JOAN SINEX 950**

Mailing Address 3400 PAUL SWEET RD UNIT C

City State Zip Code  
SANTA CRUZ CA 95065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

06 / 08 / 2015

Transaction ID : SA11AI.72139

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MISS JOAN SINEX 950**

Mailing Address 3400 PAUL SWEET RD UNIT C

City State Zip Code  
SANTA CRUZ CA 95065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.72140

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR DAVID SMITH 454**

Mailing Address 2512 FAIRMONT AVE

City State Zip Code  
DAYTON OH 45419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

06 / 02 / 2015

Transaction ID : SA11AI.72159

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR DAVID SMITH 454**

Mailing Address 2512 FAIRMONT AVE

 City  
 DAYTON

 State Zip Code  
 OH 45419

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 06 22 2015

Transaction ID : SA11AI.72160

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. JACK SMITH 653**

Mailing Address 177 BOUNDARY LN

 City  
 OTTERVILLE

 State Zip Code  
 MO 65348

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

FARMER

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 06 02 2015

Transaction ID : SA11AI.72166

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. JACK SMITH 653**

Mailing Address 177 BOUNDARY LN

 City  
 OTTERVILLE

 State Zip Code  
 MO 65348

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

FARMER

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 06 05 2015

Transaction ID : SA11AI.72167

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

300.00

**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 66 OF 101  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. JACK SMITH 653**

Mailing Address 177 BOUNDARY LN

City	State	Zip Code
OTTERVILLE	MO	65348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FARMER

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.72168

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS CORINNE SPENCE 958**

Mailing Address 2921 LAUREL DR

City	State	Zip Code
SACRAMENTO	CA	95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2015

Transaction ID : SA11AI.72192

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MRS CORINNE SPENCE 958**

Mailing Address 2921 LAUREL DR

City	State	Zip Code
SACRAMENTO	CA	95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2015

Transaction ID : SA11AI.72193

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

850.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. GUSTAVE SPINNLER 799**

Mailing Address 5351 PAINTED SKY LN

City State Zip Code  
EL PASO TX 79912

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
OFFICE FURNITURE MART RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2015

**Transaction ID : SA11Al.72196**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT STEELE 400**

Mailing Address 10210 STONE SCHOOL RD

City State Zip Code  
PROSPECT KY 40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
NONE RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

**Transaction ID : SA11Al.72210**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MR STEVE S SZABO 549**

Mailing Address 105 KIRKWOOD DR

City State Zip Code  
OSHKOSH WI 54904

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2015

**Transaction ID : SA11Al.72273**

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

335.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS JEANNETTE L THERRIAULT 997**

Mailing Address 2473 OLD RICHARDSON HWY

City	State	Zip Code
NORTH POLE	AK	99705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HECTORS WELDINGOccupation  
OFFICE WORK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.72302

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

**B. MS JEANNETTE L THERRIAULT 997**

Mailing Address 2473 OLD RICHARDSON HWY

City	State	Zip Code
NORTH POLE	AK	99705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HECTORS WELDINGOccupation  
OFFICE WORK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.72303

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

**C. MRS KETURAH THUNDER-HAAB 481**

Mailing Address 436 PINE BRAE ST

City	State	Zip Code
ANN ARBOR	MI	48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2015

Transaction ID : SA11AI.72318

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

156.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

## **A. MRS KETURAH THUNDER-HAAB 481**

Mailing Address 436 PINE BRAE ST

City State Zip Code  
 ANN ARBOR MI 48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

Transaction ID : SA11AI.72314

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. MRS KETURAH THUNDER-HAAB 481**

Mailing Address 436 PINE BRAE ST

City State Zip Code  
 ANN ARBOR MI 48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

Transaction ID : SA11AI.72316

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MRS KETURAH THUNDER-HAAB 481**

Mailing Address 436 PINE BRAE ST

City State Zip Code  
 ANN ARBOR MI 48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2015

Transaction ID : SA11AI.72317

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS KETURAH THUNDER-HAAB 481**

Mailing Address 436 PINE BRAE ST

City

ANN ARBOR

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.72315

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. SHIRLEY TLUCHAK 233**

Mailing Address 952 SHILLELAGH RD

City

CHESAPEAKE

State

VA

Zip Code

23323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

06 / 18 / 2015

Transaction ID : SA11AI.72329

Amount of Each Receipt this Period

54.00

Full Name (Last, First, Middle Initial)

**C. MR GORDON TOBIAS 782**

Mailing Address 12526 PRIMA VISTA DR

City

SAN ANTONIO

State

TX

Zip Code

78233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

06 / 02 / 2015

Transaction ID : SA11AI.72330

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

204.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 71 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

**A. MR OTTO J TOEVS 910**

Mailing Address 5336 MARSHBURN AVE

 City  
 ARCADIA

 State  
 CA

 Zip Code  
 91006

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

Transaction ID : SA11AI.72333

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR OTTO J TOEVS 910**

Mailing Address 5336 MARSHBURN AVE

 City  
 ARCADIA

 State  
 CA

 Zip Code  
 91006

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	9		2	0	1	5		

Transaction ID : SA11AI.72332

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR F B TOUSSAINT 338**

Mailing Address 60 JACKS RD

 City  
 LAKE PLACID

 State  
 FL

 Zip Code  
 33852

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CATTLEMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	2		2	0	1	5		

Transaction ID : SA11AI.72342

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR LESLIE TOWNSEND 960**

Mailing Address 180 FRANCISCAN TRL

City  
REDDINGState Zip Code  
CA 96003FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	8		2	0	1	5		

Transaction ID : SA11AI.72344

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR RAY-KENT TROUTMAN 761**

Mailing Address 6337 KLAMATH RD

City  
FORT WORTHState Zip Code  
TX 76116FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	5		

Transaction ID : SA11AI.72360

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR RAY-KENT TROUTMAN 761**

Mailing Address 6337 KLAMATH RD

City  
FORT WORTHState Zip Code  
TX 76116FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	4		2	0	1	5		

Transaction ID : SA11AI.72361

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR CALVIN K UPP 671**

Mailing Address 212 E ELM ST

City

WELLINGTON

State

KS

Zip Code

67152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

326.00

Date of Receipt

06 / 16 / 2015

Transaction ID : SA11AI.72386

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR DONALD VANDENBERG 360**

Mailing Address 737 W BROAD ST

City

EUFAULA

State

AL

Zip Code

36027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

215.00

Date of Receipt

06 / 08 / 2015

Transaction ID : SA11AI.72394

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. MR HAROLD VARNER 115**

Mailing Address 22 ATHEM DR

City

GLEN COVE

State

NY

Zip Code

11542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11AI.72397

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

195.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT L WALDEN 647**

Mailing Address 34 NW 1144 PRIVATE RD

City State Zip Code  
 LEETON MO 64761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11AI.72426

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS ELLEN WALKER 648**

Mailing Address PO BOX 26

City State Zip Code  
 GRANBY MO 64844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.72431

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**C. MR J D WALKER 761**

Mailing Address 6917 BAL LAKE DR

City State Zip Code  
 FORT WORTH TX 76116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

06 / 11 / 2015

Transaction ID : SA11AI.72432

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS HAZEL M WALTER 150**

Mailing Address 99 WALTERS RD

City

CLAIRTON

State

PA

Zip Code

15025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

266.00

Date of Receipt

06 / 15 / 2015

Transaction ID : SA11AI.72442

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. MRS JANE F WIELAND 622**

Mailing Address 1800 RIVIERA LN

City

O FALLON

State

IL

Zip Code

62269

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FAITH LUTHERAN CHURCH

Occupation

SECRETARY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

213.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11AI.72510

Amount of Each Receipt this Period

113.00

Full Name (Last, First, Middle Initial)

**C. DR WALTER WILD 967 PHD**

Mailing Address 41-473 KALANIANA'OLE HWY

City

WAIMANALO

State

HI

Zip Code

96795

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.72513

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

443.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR CHARLES E WILLIAMS 378**

Mailing Address 761 FARMINGTON WAY

City State Zip Code  
MARYVILLE TN 37801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.72523

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR CHARLES E WILLIAMS 378**

Mailing Address 761 FARMINGTON WAY

City State Zip Code  
MARYVILLE TN 37801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11AI.72521

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MR THOMAS WILLIAMS 775**

Mailing Address 3007 ELSBURY LN

City State Zip Code  
PEARLAND TX 77584

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.72532

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR CARLTON WOOD 280**

Mailing Address 10245 HASTINGS PL

City  
HARRISBURG

State Zip Code  
NC 28075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

Transaction ID : SA11AI.72561

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

29610.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

## **A. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW RD  
SUITE 504

City State Zip Code  
STERLING VA 20166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2444.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2015

**Transaction ID : SA15.72665**

Amount of Each Receipt this Period

27.00

REFUND

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.00

27.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

### A. CAPITOL CAGING LLC

Mailing Address 504 SHAW RD  
SUITE 504

City	State	Zip Code
STERLING	VA	20166

Transaction ID : SB21B.72624

Purpose of Disbursement	CAGING SERVICES
-------------------------	-----------------

00:

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)  
**B. CAPITOL CAGING LLC**

Date of Disbursement

Mailing Address 504 SHAW RD  
SUITE 504

City	State	Zip Code
STERLING	VA	20166

Transaction ID : SB21B.72625

Purpose of Disbursement
BRE RENEWAL

00

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Full Name (Last, First, Middle Initial)  
C. CAPITOL CAGING LLC

Date of Disbursement

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '06' with two squares above it. The second display shows '16' with two squares above it. The third display shows '2015' with four squares above it.

Mailing Address 504 SHAW RD  
SUITE 504

City	State	Zip Code
STERLING	VA	20166

Transaction ID : SB21B.72626

Purpose of Disbursement	BRE RENEWAL
-------------------------	-------------

00-

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

312.57

**TOTAL** This Period (last page this line number only).....









<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

### A. DIRECT SUPPORT SERVICES

Date of Disbursement

Transaction ID : SB21B.72607

003

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

2126.11

## B. DIRECT SUPPORT SERVICES

Date of Disbursement

Transaction ID : SB21B.72610

003

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

1026.28

### C. DIRECT SUPPORT SERVICES

Date of Disbursement

Transaction ID : SB21B.72608

003

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Amount of Each Disbursement this Period

5193.50

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8345.89

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

### A. DONOR BUREAU

003

742.11

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

## B. DONOR BUREAU

MM / DD / YYYY

003

293.60

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

**C. DSSI (FORMERLY CENTURY DATA SYSTEMS CORP)**

001

4183.90

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

---

5219.61

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DSSI (FORMERLY CENTURY DATA SYSTEMS CORP)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON      State DC      Zip Code 20005

Purpose of Disbursement  
DATA PROCESSING

001

Candidate Name

**VIGOP**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

**Transaction ID : SB21B.72602**

Amount of Each Disbursement this Period

1483.27

Full Name (Last, First, Middle Initial)

**B. DSSI (FORMERLY CENTURY DATA SYSTEMS CORP)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON      State DC      Zip Code 20005

Purpose of Disbursement  
DATA PROCESSING

001

Candidate Name

**VIGOP**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

**Transaction ID : SB21B.72603**

Amount of Each Disbursement this Period

4707.87

Full Name (Last, First, Middle Initial)

**C. DSSI (FORMERLY CENTURY DATA SYSTEMS CORP)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON      State DC      Zip Code 20005

Purpose of Disbursement  
DATA PROCESSING

001

Candidate Name

**VIGOP**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

**Transaction ID : SB21B.72604**

Amount of Each Disbursement this Period

1625.04

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7816.18

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

**A. DSSI (FORMERLY CENTURY DATA SYSTEMS CORP)**

001

1185.79

# VIGOP

	House
	Senate
	President

☐ Primary ☐ General  
☐ Other (specify) ▼

District:

**B. DSSI (FORMERLY CENTURY DATA SYSTEMS CORP)**

MM / DD / YYYY

001

Transaction ID : SB21B.72606

8367.33

# VIGOP

	House
	Senate
	President

☐ Primary ☐ General  
☐ Other (specify) ▼

District:

### C. FIRST VIRGINIA COMMUNITY BANK



001

Transaction ID : SB21B.72611

147.46

# VIGOP

	House
	Senate
	President

☐ Primary ☐ General  
☐ Other (specify) ▼

District:

**SUBTOTAL** of Disbursements This Page (optional).....

9700.58

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 101

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.72612**

Amount of Each Disbursement this Period

21.27
-------

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.72613**

Amount of Each Disbursement this Period

76.72
-------

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.72614**

Amount of Each Disbursement this Period

78.37
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

176.36

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

#### A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Three 7-segment displays are shown, each with a different color (blue, green, and red). The first display shows '06', the second shows '01', and the third shows '2015'. They are separated by slashes.

Transaction ID : SB21B.72615

00:

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

9.92

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.72616

00

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	51.00%

### C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.72617

00'

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

93.42



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 101

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Purpose of Disbursement  
CCCP MONTHLY CHARGE

001

**Transaction ID : SB21B.72618**

Amount of Each Disbursement this Period

61.75
-------

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Purpose of Disbursement  
CCCP MONTHLY CHARGE

001

**Transaction ID : SB21B.72619**

Amount of Each Disbursement this Period

76.25
-------

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Purpose of Disbursement  
TRANSFIRST BILLING

001

**Transaction ID : SB21B.72620**

Amount of Each Disbursement this Period

534.03
--------

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

672.03

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 101

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

**Transaction ID : SB21B.72621**Purpose of Disbursement  
TRANSFIRST BILLING

001

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

169.54

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

**Transaction ID : SB21B.72622**Purpose of Disbursement  
TRANSFIRST BILLING

001

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

264.42

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

**Transaction ID : SB21B.72623**Purpose of Disbursement  
TRANSFIRST BILLING

001

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

375.56

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

809.52

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 91 OF 101

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FORTH RIGHT STRATEGIES INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - CREATIVE

003

**Transaction ID : SB21B.72650**

Amount of Each Disbursement this Period

1883.38
---------

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. FORTH RIGHT STRATEGIES INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - CREATIVE

003

**Transaction ID : SB21B.72651**

Amount of Each Disbursement this Period

3532.58
---------

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. FORTH RIGHT STRATEGIES INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2015

Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - CREATIVE

003

**Transaction ID : SB21B.72652**

Amount of Each Disbursement this Period

961.14
--------

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6377.10







<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

#### A. LEGACY LIST MANAGEMENT CORP

Mailing Address 1155 - 15TH STREET  
SUITE 410

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.72640

Purpose of Disbursement	VIGOP DIRECT MAIL - LIST RENTALS
-------------------------	----------------------------------

003

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**B. LEGACY LIST MANAGEMENT CORP**

Date of Disbursement

Mailing Address 1155 - 15TH STREET  
SUITE 410

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.72641

Purpose of Disbursement	VIGOP DIRECT MAIL - LIST RENTALS
-------------------------	----------------------------------

003

Amount of Each Disbursement this Period

Candidate Name	
1	1
2	2
3	3
4	4
5	5
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96	96
97	97
98	98
99	99
100	100

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Full Name (Last, First, Middle Initial)

**C. LEGACY LIST MANAGEMENT CORP**

Date of Disbursement

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '06' with two squares above it. The second display shows '04' with two squares above it. The third display shows '2015' with four squares above it.

Mailing Address 1155 - 15TH STREET  
SUITE 410

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.72642

Purpose of Disbursement	VIGOP DIRECT MAIL - LIST RENTALS
-------------------------	----------------------------------

003

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

2005.75

**TOTAL** This Period (last page this line number only).....





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 OF 101

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. SIMPKINS ESCROW SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

Mailing Address 29\*243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

**Transaction ID : SB21B.72646**Purpose of Disbursement  
ESCROW SERVICES

001

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

194.13

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. SIMPKINS ESCROW SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2015

Mailing Address 29\*243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

**Transaction ID : SB21B.72647**Purpose of Disbursement  
ESCROW SERVICES

001

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

241.54

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

435.67

**TOTAL** This Period (last page this line number only)..... ►

96117.86

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 98 OF 101

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CAPITOL CAGING LLC**Nature of Debt (Purpose):  
CAGING SERVICESMailing Address 504 SHAW RD  
SUITE 504City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

1046.69

Transaction ID : SD10.55707

Amount Incurred This Period

2184.26

Payment This Period

428.18

Outstanding Balance at Close of This Period

2802.77

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**COAST TO COAST STRATEGIES LLC**Nature of Debt (Purpose):  
FUNDRAISING COMMISSIONMailing Address 555 - 12TH STREET NW  
SUITE 630City State Zip Code  
WASHINGTON DC 20004

Outstanding Balance Beginning This Period

217.15

Transaction ID : SD10.58637

Amount Incurred This Period

-217.15

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CONSOLIDATED MAILING SERVICES**Nature of Debt (Purpose):  
DIRECT MAIL - PRINTING & MAILSHOPMailing Address 504 SHAW RD  
SUITE 504City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

120930.25

Transaction ID : SD10.7792

Amount Incurred This Period

20523.37

Payment This Period

24230.30

Outstanding Balance at Close of This Period

117223.32

1) **SUBTOTALS** This Period This Page (optional)..... ►

120026.09

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 99 OF 101

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DONOR BUREAU**

Nature of Debt (Purpose):

LIST ENHANCEMENT SERVICES

Mailing Address 1900 N CULPEPPER ST

City State

ARLINGTON

Zip Code

VA 22207

Outstanding Balance Beginning This Period

3529.03

Transaction ID : SD10.7798

Amount Incurred This Period

142.58

Payment This Period

1035.71

Outstanding Balance at Close of This Period

2635.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DSSI (FORMERLY CENTURY DATA SYSTEMS CORP)**

Nature of Debt (Purpose):

DATA PROCESSING

Mailing Address 1155 - 15TH STREET

SUITE 410

City State

WASHINGTON

Zip Code

DC 20005

Outstanding Balance Beginning This Period

11240.22

Transaction ID : SD10.7791

Amount Incurred This Period

10312.98

Payment This Period

21553.20

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**FORTH RIGHT STRATEGIES INC**

Nature of Debt (Purpose):

DIRECT MAIL - CREATIVE

Mailing Address 1155 - 15TH STREET

SUITE 410

City

WASHINGTON

State

DC

Zip Code

20005

Outstanding Balance Beginning This Period

78136.03

Transaction ID : SD10.7789

Amount Incurred This Period

0.00

Payment This Period

18735.90

Outstanding Balance at Close of This Period

59400.13

1) **SUBTOTALS** This Period This Page (optional)..... ►

62036.03

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 100 OF 101

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**INTEGRAM**

Nature of Debt (Purpose):

DIRECT MAIL - PRINTING &amp; MAILSHOP

Mailing Address 8421 HILLTOP RD

City State

FAIRFAX

Zip Code

VA

22031

Outstanding Balance Beginning This Period

18037.83

Transaction ID : SD10.37645

Amount Incurred This Period

91.07

Payment This Period

6948.94

Outstanding Balance at Close of This Period

11179.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LEGACY LIST MANAGEMENT CORP**

Nature of Debt (Purpose):

DIRECT MAIL - LIST RENTALS

Mailing Address 1155 - 15TH STREET

SUITE 410

City State

WASHINGTON

Zip Code

DC

20005

Outstanding Balance Beginning This Period

25082.97

Transaction ID : SD10.15277

Amount Incurred This Period

4929.76

Payment This Period

7246.57

Outstanding Balance at Close of This Period

22766.16

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MACKENZIE & COMPANY**

Nature of Debt (Purpose):

CONSULTING - COMPLIANCE

Mailing Address 2776 S ARLINGTON MILL DR

#806

City

ARLINGTON

State

VA

Zip Code

22206

Outstanding Balance Beginning This Period

7721.32

Transaction ID : SD10.7794

Amount Incurred This Period

8537.88

Payment This Period

3463.20

Outstanding Balance at Close of This Period

12796.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

46742.12

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 101 OF 101

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RHA MARKETING**

Nature of Debt (Purpose):

**VIGOP DIRECT MAIL - PRINTING & MAILSHOP**

Mailing Address 1272 CORPORATE PARK RD

City State

Zip Code

FOREST

VA

24551

Outstanding Balance Beginning This Period

3003.16

Transaction ID : SD10.58658

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3003.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**SIMPKINS ESCROW SERVICES LLC**

Nature of Debt (Purpose):

**VIGOP ESCROW SERVICES**

Mailing Address 29\*243 ST JUST DR

City State

Zip Code

UNIONVILLE

VA

22567

Outstanding Balance Beginning This Period

502.37

Transaction ID : SD10.58642

Amount Incurred This Period

2445.50

Payment This Period

435.67

Outstanding Balance at Close of This Period

2512.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

5515.36

2) **TOTALS** This Period (last page this line number only)..... ►

234319.60

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

234319.60